

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002565

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 211

Primary Registration District No. 4324 Registrar's No. 2-63

FILED JAN 22 1963

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If outside, give location) Rt. 3	
3. NAME OF DECEASED (Type or print) First Joe Middle Stark Last Stark		4. DATE OF DEATH Month January Day 2 Year 1963	
5. SEX male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/31/07
9. AGE (last birthday) 55		10. IF UNDER 1 YEAR Months 55 Days 55 Hours 55 Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equipment operator		10b. KIND OF BUSINESS OR INDUSTRY Spec. Road Dist.	
11. BIRTHPLACE (City and state or country) Bagnell, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elisha Stark		13b. MOTHER'S MAIDEN NAME Lydia Cotten	
14. NAME OF HUSBAND OR WIFE Lila Stark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no	
16. SOCIAL SECURITY NO. 74		17. INFORMANT Lila Stark	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinomatosis primary carcinoma of rectum DUE TO (b) primary carcinoma of rectum DUE TO (c) primary carcinoma of rectum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH 1	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9:10 a.m. 9:10 p.m. 9:10 Month, Day, Year 7/14/62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Ozark, Missouri	
20f. CITY, TOWN, OR LOCATION Lake Ozark, Missouri		20g. COUNTY Lake	
20h. STATE Missouri		20i. DATE SIGNED 1/5/63	
21. I attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 Death occurred at 9:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert E. Mason D.O.	
22b. ADDRESS Lake Ozark, Missouri		22c. DATE SIGNED 1/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/5/63	
23c. NAME OF CEMETERY OR CREMATORY Greenmore Memorial Gardens		23d. LOCATION (City, town, or county) Barnett, Mo.	
24. FUNERAL DIRECTOR Phillips Funeral Home		25. DATE RECD. BY LOCAL REG. January 18, 1963	
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach		27. ADDRESS Eldon, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JAN 23 1963

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkhart

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.